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ABSTRACT

This booklet summarizes current issues in child care and furnishes examples of programs in Texas that serve children of different ages, in different communities, in different situations, and with different needs. Profiled programs were selected on the basis of their diversity, quality, and potential for replication, in whole or in part, in other Texas communities. Also included are descriptions of effective parent education programs and suggestions to help parents select high quality child care services. (RH)

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WHO CARES FOR OUR CHILDREN?

The Status of Child Care in Texas

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WHO CARES FOR OUR CHILDREN?

The Status of Child Care in Texas

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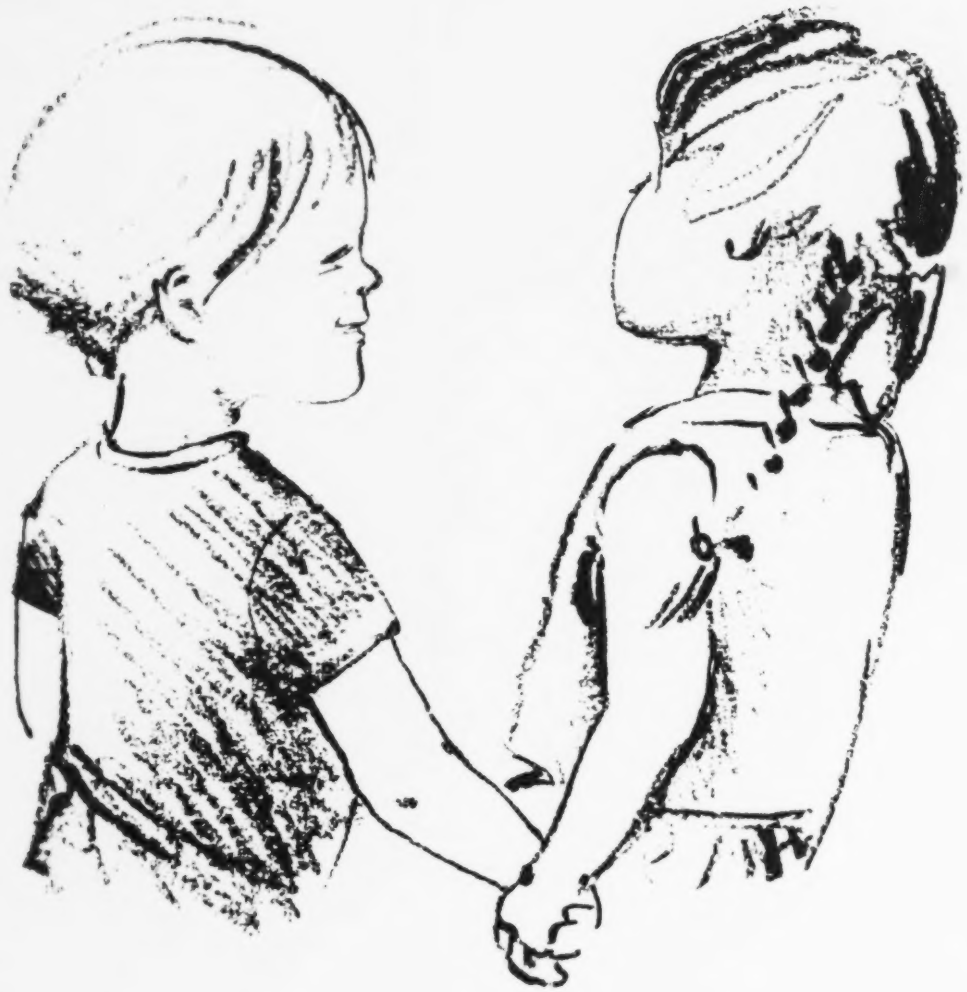

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WHO CARES FOR OUR CHILDREN?

The Status of Child Care in Texas

Introduction

It's no easy job to raise a child. It's more difficult for a parent who also has a job outside of home. And it's more difficult yet for one who has more than one child . . . a limited income . . . a child with a disability . . . or is a single parent. But whatever the situation, there is one thing on which almost all parents agree—when they are not able to be with their children, they want them to have the best care possible.

For most parents, the first concerns about child care are cost and location. That's realistic. The best center in town, if it's too costly or far away, won't suit a family's needs. But most parents also have another major concern—quality.

Quality includes some basic elements for all children in child care:

- Facilities that are inviting, appealing, and safe.
- Caregivers who are well trained, competent, and caring.
- A program that is fun, stimulating, and developmentally and age-appropriate.
- Indoor and outdoor play areas that have a variety of safe, sturdy equipment, areas for different activities, and space in which to play actively or quietly.

Quality also includes some special features:

- For infants and toddlers, a caregiver who has time to spend with each little one and love to give.
- For preschoolers, a nurturing environment that enables them to develop social, intellectual, and physical skills.
- For school-age children, a safe and stimulating after-school setting that eliminates a parent's worries when 3 p.m. rolls around.
- For mildly sick youngsters, trained and caring staff in an appropriate setting.
- For the handicapped and developmentally delayed, knowledgeable and understanding caregivers and facilities that encourage their growth and independence.

It's a big order. Child care is costly, and quality care can be hard to find. But Texas is recognizing the needs of working parents, and more options are becoming available.

This booklet summarizes the current issues in child care and furnishes examples of Texas programs that serve children of different ages, in different communities, in different situations, and with different needs. These programs were selected on the basis of their diversity, their quality, and their potential for replication, in whole or in part, in other Texas communities. They are not cited as Texas' only exemplary programs but as models of the different types that exist throughout the state. Also included are descriptions of some effective parent education programs and suggestions to help parents select quality care for their children.

Who Cares for Our Children? is designed to be useful to all persons who work with or are concerned about young children and their families. But especially, it is for parents. Parents are the final judges of what is best for their children. We hope this booklet will help guide them in finding it.

Child Day Care, Then and Now

For the first time in American history, child care is a national issue. Yet today's young parents, seeking care for their youngsters during the work day, might barely remember a time when it was not.

Many know more through heresay than experience of the American standard of the two-parent family, father going to work every morning, mother staying home to care for the kids. As young children, they may have been entertained by "Leave it to Beaver," but as they grew up their real world grew closer and closer to today's, with less than one family in ten fitting the traditional family that the Cleavers represented. Single parents and two-parent families with both mom and dad in the work force have become the norm rather than the exception.

This is not the first time in American history that a large number of married women with children have been employed, nor is it the first time there has been national concern about who should care for young children. Today's generation—and possibly their parents—might be surprised to learn that the first significant federal support for child care had nothing to do with current statistics but was enacted almost 50 years ago, in 1943, when the Lanham Act provided funds for centers for children whose mothers worked in defense industries during World War II. But that was strictly a wartime emergency measure; of the 3,000 centers created, 2,800 were closed by the Federal Works Agency at the end of the war two years later.[1] The reason was clear: there was no longer a need for married women in the work force.

After the war, most married women gave up their jobs to returning veterans and went home to their traditional occupations as homemakers and nurturers. By the 1950s, for a large majority of both men and women, a new home in suburbia was the realization of the American dream.

The fact that families and society have changed radically since the 1950s has been widely documented. The high divorce rate and the concomitant rise in the number of single parents, coupled with an economy that often demands more than one income for a family to make ends meet, have resulted in a higher percentage of women with children entering the work force than at any previous time in the nation's history. A majority work out of economic necessity; a sizeable number work to build a career. Projections for the remainder of the century are that a majority of new workers will be women, whatever their motivation may be.

Issues

Statistics tell part of the story. In 1950, one in eight, or about 12 percent, of all mothers throughout the country with children under age 6 were in the labor force. Today, that number has escalated to one in two, or more than 50 percent.[2] An estimated nine million preschoolers spend at least part of their day cared for by someone other than their mothers. What's more, several million children under age 13 spend at least part of the day with no adult supervision at all.

In Texas, almost 50 percent of mothers with children under age 6 are employed outside the home, as are 63 percent of those with children ages 6 to 17. Estimates are that by 1995, two out of every three preschoolers and three of every four school-aged youngsters will have mothers in the work force.[3]

Beyond the statistics, and in large part because of them, the attitudes and concerns of business and industry, and in turn of policy makers, have changed over the past few decades. In the 1960s, child care was seen primarily as an issue of mothers on welfare; in the 1970s, as a women's issue. It may have been a social concern, but it received little attention from national lawmakers or their constituents. By the mid-1980s, however, women with young children became the fastest growing group in the work force, and the need for day care increased accordingly. No longer limited to being a welfare or a women's issue, day care became an economic issue, reformulated in terms that decision makers could understand: competitiveness and productivity. Not only did business and industry recognize the need for addressing the concerns of their current employees, but also they began to view children as the "human capital of the future, worthy of investment today for productiveness down the track."[4]

This perspective has become widely recognized. According to former Secretary of Labor Ann McLaughlin, "Child care is an issue with vast implications for the health of the American economy. It affects the productivity of our industry and the supply of labor."[5] Dana Friedman of the Conference Board goes one step further, stating that "Child care is likely to be the fringe benefit of the 1990s, because being sound for employees, it becomes good for business."[6]

Problems

The problem in child care is only partially one of shortage. There seems to be no lack of traditional private preschools, but there are shortages in nontraditional types of care—care for infants, sick children, school-aged youngsters when school is out, special needs children, low-income children, and children in rural areas. In other words, it would appear that in all but traditional care, supply has not caught up with demand.

Affordability, however, is a major problem. Child care is expensive. It follows food, housing, and taxes as the fourth largest budget item for working families, averaging about $3,000 annually per child for full-time care. It especially affects low-income families, many of them headed by single parents, who spend fewer dollars but a higher percentage of their income per month on child care than do families with higher incomes. Ironically, some of the neediest—mothers who are single, teenage, or on welfare—don't work at all, in large part because they cannot afford child care.

The United States is one of the few Western industrialized nations that has no national public policy concerning child care for working parents. Most continental European countries, in fact, provide free care for any parents that want it, whether employed or not, for children from around the age of 3 until school age. The U.S. also is the only industrialized country that does not have a government policy or program on maternal leave, health insurance, and other family related needs, leaving families to rely on employers or their own resources.

Lack of public policy is a major reason why employer-assisted child care has mushroomed in the past decade. With the increasing number of mothers in the work force, employers became aware that child and family issues increasingly were becoming issues of the work place. According to a Department of Labor report,[7] in 1977 there were barely 100 employer-supported child care assistance programs, and these consisted primarily of on-site or nearby centers. Ten years later 3,300 corporations offered some form of assistance, primarily in ways other than on-site centers. Although there has been almost

no basic research on the effectiveness of employer support of child care, companies that have surveyed their own employees have found that it helps attract and retain good employees, cuts absenteeism, and improves community relations. The bottom line is that child care assistance is good not only for employees but also for business.

What do parents themselves say would be most useful to them in regard to work and child care? According to a 1988 national study of employed women with newborn infants, 90 percent said the most useful benefit would be to be able to take paid sick days to care for a sick child.[8] Of those who didn't return to work following childbirth, 20 percent said that "not being able to make 'satisfactory child care arrangements' was a deciding factor." The study also found that women were far more likely to return to work if their employers offered one or more types of child care support—parental leave, flexible scheduling, near or on-site child care services, financial assistance for child care, and help in finding services. Viewed as the single most important benefit was job-guaranteed maternity leave.

Quality

With the current emphasis on child care as it relates to the work force and the needs of parents who work outside the home, it is easy to become complacent as more options become available. There is one underlying concept, however, that should never be overlooked, and that is quality. "When parents buy child care," notes the former director of the Office of Child Development, Dr. Edward Zigler, "they are not just buying a service that permits them to go to work. They are buying an environment that determines the development of their child."[9]

A major factor that affects quality is staff. Many caregivers are untrained; almost all are underpaid. Despite the fact that a number of providers have college degrees, the average wage of child care workers is $10,000 per year, which is less than zoo keepers earn. As a result, staff turnover is approximately 35 percent, almost as high as it is for gas station attendants.[10]

Quality care is available, but at a price. As a result, a two-tier system is developing, with quality care accessible to the middle class and poor to mediocre care to the lower class.

Child care of high quality does more than resolve the concerns of working parents. It also resolves some societal concerns by enabling poor mothers to pursue an education or find a job and by giving a better start to disadvantaged children. And from an economic viewpoint, expenditures on young children today lower future expenditures on adolescents and young adults by diminishing the need for special education, public welfare, and criminal justice.

Options

There is no organized system of child care in the United States. Child care has been referred to by more than one expert as "a hodge podge" and "a haphazard mess." The most common type, and the choice of more than half the families with incomes of $15,000 per year or less, is by relatives, neighbors, or friends, often at no cost to the parent. At the other end of the income scale is home care by hired caregivers or nannies, the most expensive type. And at one extreme or the other, most are untrained in child development. Thousands of Texas children, however, spend at least part of each day in some form of group setting that is regulated by the Texas Department of Human Services (DHS) under Texas law. These include the following.

Child care centers are licensed to provide care for more than 12 children under the age of 14. Over half of the centers in Texas—57 percent—are for-profit businesses that receive income from parent fees; the others are nonprofit centers that are supported by donations from United Way and other agencies, in-kind services, volunteers, government subsidies, and parent fees. To be licensed, all centers, both nonprofit and for-profit, must meet the standards set by DHS.

Group day care homes are private homes in which self-employed providers care for six to twelve children. They, too, must meet DHS licensing requirements.

Family day homes are private homes in which self-employed providers care for one to six preschoolers, not counting their own. By law, homes that enroll more than three youngsters must register with DHS, but no minimum standards are required and many day homes, each operated by one woman in her own home for three or four children, do not register. Family day homes provide the majority of care for children in Texas.

Regulations and Accreditation

Licensing, registration, and accreditation are the formal methods of regulating child care services. Although there are no federal regulations, most states set some standards for child care centers and about half establish regulations for family day homes. Following, in brief, is an explanation of regulations and accreditation processes in Texas.

Licensing is a state requirement that sets minimum standards for day care centers in Texas. These standards address the minimum acceptable quality for facilities, staffing, health, and safety, areas in which regulations can be monitored and enforced by the licensing division of the Texas Department of Human Services. There are specifications, for example, concerning immunizations, illnesses, and injuries; food service; staff-child ratio; facility space; emergency procedures; and local zoning, fire, and sanitation restrictions. All licensed centers are inspected at least once a year and more often if necessary.

A state license does not guarantee quality. Standards, of necessity, are limited to things that can be measured easily and enforced, such as number of staff per children enrolled or number of square feet in a classroom. Basically, in fact, these minimum standards address only health and safety. Although some states set higher standards than does Texas, they serve more as goals to strive for than requirements to meet because they cannot be enforced. Ultimately, it is up to parents to choose centers that offer quality care and programs, based on their own observations. (See Choosing Quality Child Care, pages 40 to 43.)

Registration is a state requirement for family day homes in Texas that serve three to six children. To register, a caregiver completes a registration form, signs a written statement testifying that the home meets the minimum standards, and sends these documents to the Texas Department of Human Services. Standards concern the safety, health, and well-being of the children and include a criminal and protective services check. However, the department does not inspect homes before they are registered nor monitor them afterwards; it only inspects family day homes if a complaint is lodged against them. As with child care centers, parents are responsible for making sure that the homes they select meet the quality they seek for their youngsters.

Information on licensing and registering child care can be obtained from the Licensing Branch of the Texas Department of Human Services (512/450-3260) or from regional or local offices.

Accreditation of child care centers is a voluntary process initiated to upgrade care and standards by building upon the minimim health and safety standards set by the states. Designed and administered by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children, this highly regarded program sets higher staff-child ratios, staff qualifications, and other requirements than are required by state licensing agencies and addresses programming that is developmentally and age-appropriate for each child.

Texas was one of the first states to participate in the accreditation process for child care centers and currently has two special projects under way—one conducted by Child Care Partnership of Dallas, the other by Children's Resources of the City of San Antonio —to provide training and incentives to help child care providers meet the specified standards and fulfill the requirements.

Family day home accreditation is encouraged by the National Association for Family Day Homes, although it is not included in the NAEYC process because many states have not established a base of health and safety standards for these homes. Local accreditation programs are available in San Antonio, Dallas, and Houston, and training is available statewide through an independent study program.

In San Antonio, Children's Resources provides a 20-hour training program based on the Harms Validation Tool, followed by two home visits to provide help to the provider prior to accreditation review by outside validators. The City of San Antonio grants accreditation to those validated, monitors them annually, and revalidates them every two years. The first class graduated in 1986 and to date 110 family day homes have been accredited.

In Dallas, Child Care Partnership has developed a 36-hour curriculum based on NAEYC standards that is offered through local community colleges. It, too, includes home visits and technical assistance for the providers and validation visits by trained evaluators. Accredited programs receive the Child Care Partnership seal of approval and are renewed annually, based on home approval by a validator and completion of 20 hours of training during the year by the provider. Since the program began in 1988, 24 homes have been accredited and a number of others are in process. A pilot program is under way in Houston, testing two models to determine the most effective for homes in their area.

For providers who live in other parts of the state, the Texas Agricultural Extension Service offers an independent study program that uses a study manual and a corresponding series of videotapes that give educational support in the areas of child development and guidance, nutrition, health, safety, and management for caring for young children in a home setting. Upon passing a test with qualifying scores at the end of the program, participants can receive continuing education credits from Texas A&M University. The Extension Service also has a program for professional improvement training for licensed child care center providers.

Centers interested in becoming accredited can obtain information from the National Academy of Early Childhood Programs (1-800-424-2460). For information on family day home accreditation, contact Children's Resources, San Antonio (512/299-7137); Child Care Partnership, Dallas (214/638-5454); or the Texas Agricultural Extension Service (409/845-3850).

The 1990s and Beyond

The late 1980s have seen the rise of a new social phenomenon—nonparental child care as a major part of family life. Once the role of the mother, child rearing has become the role not only of the family but also, of necessity, of an extended family that includes the work place and the community. Almost by default, nonparental child care has become the way we raise our children today.

This in itself is not cause for alarm. There is general agreement among child development specialists that "When parents have choices about selection and utilization of supplementary care for their infants and toddlers and have access to stable child care arrangements featuring skilled, sensitive, motivated caregivers, there is every reason to believe that both children and families can thrive."[1]

This brings up another issue. Are "skilled, sensitive, motivated caregivers" raising today's children? Does that describe the average child care worker, serving in a job that is among the lowest paid and with one of the highest turnover rates? To attract and keep qualified caregivers, wages will have to rise. Yet, increased wages mean increased costs, costs that already are too high for many families. Beyond wages, the training, standards, and status of child care workers also will have to rise. Many consider day care teaching a lowly job, something people do until they can find something better. Too often, caregivers are referred to as "just glorified baby sitters."

The child care scene is changing rapidly. What was once viewed only as a welfare issue has become a key national economic issue. As child care becomes a way of life for an increasing majority of America's children, it must also become a major social issue. One thing that won't change is the need for available, affordable, high quality care. Without it, an entire generation—and ultimately the nation—could be at risk. It is a risk Texas and the nation cannot afford.

Infant Care

There is a new reality for a majority of American infants. From just a few weeks of age, they are spending their days not at home with mommy but outside the home with a caregiver. Infant care is in high demand, and with almost half the mothers of children under one year old in the work force, it's easy to see why. What's more, that figure is almost 20 percent greater than it was 10 years ago, and it is expected to increase again in the next decade. Mothers working outside the home have become an essential part of the economy.

More and better infant care might be one response to the increasing need. But the problem is broader than that. Compounding a growing concern about who is caring for the nation's infants is an ongoing controversy concerning parental care versus substitute care.

A number of child development experts consider anything other than parental care potentially harmful. They point to research which shows that the first few months after a baby is born is the optimum time for parents and their infants to develop positive and mutually satisfying relationships with one another, and that this relationship, or bonding, provides the basis for children to become mentally healthy and socially adjusted adolescents and adults. Their concern is that nonparental care of young infants, because it interferes with potential mother-child bonding, can be damaging to children's psychological development.

Others disagree with this theory, focusing instead on the importance of stable, high quality care, whether or not the provider is a parent. Their concern is that poor quality care is damaging, whoever provides it, and that quality care outside the home can be developmentally healthy.

Apart from this controversy is another consideration. Mothers are in the work force to stay, yet the United States is virtually the only industrialized nation that has no national parental leave policy for childbirth. Policy has not kept up with fact.

One way to resolve the issue of infant care would be to develop policies and financial incentives that would enable new mothers to stay home with their infants until they are at least four to six months old. This idea is gaining attention from parents, educators, social scientists, and policy makers who are concerned with today's babies and how they are developing. It also is gaining attention from business and industry in terms of both the present and future work force.

Until such time as all new parents are guaranteed some support, however, many families will continue to need supplemental care for their young children. Without guaranteed jobs, leave with pay, or health insurance, many new parents must return to work soon after their babies are born to keep their jobs as well as earn the income. Others may want to return to a career before too many months elapse. Whatever the reasons, the result is that placing infants and toddlers in child care, once uncommon, is becoming routine. Until there is a substantial change in public policy and support—and such change takes time—infant care by someone other than a parent increasingly will become the norm.

Quality of Care

Though experts disagree on the potential impact of care for infants outside the home, they fully agree that the quality of care is what matters most. Infant care, whether in home or group settings and by parents or other caregivers, should provide infants and toddlers with certain basic elements:

- Physical protection and attention to health and nutrition.
- Awareness of and respect for individual differences.
- Sensitivity to the infant's cues and communication.
- A capacity to shift caregiving practices as the infant develops and changes.
- Warm, loving human relationships based on constancy of care.
- Family support, with a close relationship between parents and caregivers.[12]

Parents are as concerned as the experts about infant care. Fathers as well as mothers tend to feel anxious, conflicted, or guilty when they leave their young children in substitute care. One mother summed up the feelings of many when she said, in regard to her infant daughter, "Even though she's in a great place, I still feel guilty leaving her." Or as another put it, "It's not easy for either of us." And it is far more difficult when the only available care is substandard and inadequate.

The states vary widely on guidelines and requirements for infant care. In Texas, staff in licensed centers must be at least 18 years old and either have a high school diploma, a graduate equivalency degree, or be enrolled in a child development career program approved by the Texas Education Agency. The required ratio of staff to infants from birth to 11 months old is one to five or two to twelve; 12 to 17 months, one caregiver to six toddlers or two to fourteen; and 18 to 24 months, one cargiver to a range of nine to thirteen youngsters, depending on the age range enrolled. The ideal ratio, recommended by the National Academy of Early Childhood Programs, is one to three or four infants up to 12 months old, and one to a range of four to seven toddlers 12 to 24 months old.

Good centers for infants and toddlers appear to be uncommon. Waiting lists at many centers attest to that fact, as do surveys that have been conducted in Dallas and other Texas cities. Some providers shy away from enrolling babies because they require more staff per number of children enrolled, making this service more costly to operate and, in turn, more costly for the parents. Others don't want to bother with the extra care required.

Whatever the prevailing developmental philosophy, the reality is that mothers are returning to work shortly after childbirth, and until national policy is responsive to this fact, centers for infants and toddlers will be in increasing demand. It is essential that these centers or homes provide quality care for the healthy development of the infants in their charge, the relief of their parents, and the mental health of the next generation.

Types of Care

A majority of infants not cared for by their parents are in the care of other family members or friends. For other babies and toddlers, the order of preference seems to be family day homes first, centers second.

There are reasons for this. Family day homes offer a single caregiver in a home setting, with no more than six infants in the home. They offer a family atmosphere and often seem more approachable than a more formal center. In contrast, centers care for many more children, most have a high turnover of caregivers, and even the best can't avoid some of the elements of an institution.

But there's another side to this picture. Legally, child care centers in Texas must be licensed, and they are monitored at least once a year, and more often if there is need, by the Texas Department of Human Services. In other words, they are accountable to an official agency for meeting at least minimum standards. Family day homes, on the other hand, athough they are required to be registered if they serve more than three children, register by mail and are neither inspected nor monitored. Homes serving three or fewer youngsters need not register at all.

Neither licensing nor registration guarantee quality. In fact, the Texas Department of Human Services is quick to point that out. There are, of course, many excellent child care centers and family day homes in Texas, with caring and competent caregivers, quality developmental programs, and fine facilities. Sadly, there are many that meet virtually no standards at all. And there is a wide, wide range in between. It is incumbent upon parents to make sure that the caregivers with whom they leave their infants and toddlers for many hours each day provide the type of care they want for their infants and toddlers and meet their standards.

Because infant care is so varied, the following are not descriptions of real settings but are hypothetical examples of the two most common types of nonfamilial care, family day homes and child care centers. They combine aspects of many programs and include some of the elements to look for in quality infant care.

The family day home is on a pleasant residential street with neatly maintained yards. The owner, married and in her 30s, cares for four infants ranging from three months to one year, including her own nine month old. Parents bring their youngsters, along with bottles and other individual items, between 7 and 8 a.m. They enter through the side door directly into the infant room, a former garage that has been remodelled into a large, cheerful room with several windows and brightly colored pictures painted on the walls. There are two baby swings, a small crib for each child, and a rocking chair, and in the center of the room is a large pad where the babies can lie or crawl when they are awake. Against one wall are shelves filled with toys, a diaper-changing table, and a sink. Milk and other food that the parents bring each morning are kept in the kitchen, which adjoins the infant room and is where the caregiver feeds the youngsters who eat solid food.

Sleeping and eating take up much of the day. When youngsters are awake, Mrs. B gives them developmentally appropriate toys to play with on the large pad, and at least once a day, weather permitting, she takes her little group outdoors in her shady, fenced backyard, where she keeps a playpen and a minimum of toddler-sized outdoor equipment. She is adept at feeding the older children simultaneously and holds each baby to give it a bottle unless there are too many demands at that time. After school, her neighbor's 10 year old often comes over to play with the babies and help her out until the parents come to pick them up by 6 p.m. Mrs. B makes a point of talking to the parents each evening to keep them abreast of their babies' activities.

The center provides child care for 40 youngsters from 6 weeks old to 6 years. Housed in the education building of a large church, it has separate rooms for different age groups and an office where parents can pick up information about child development and local activities of interest as well as talk to the director. There are 14 youngsters enrolled in the toddler room, although at least one or two are absent on any given day. The room is well equipped, with a crib for each child, small tables and chairs, a sturdy apparatus for climbing and crawling, and low shelves with a variety of toys, puzzles, and simple games. There is a reading area with picture books, a building area with blocks, and other defined areas. A diaper-changing table is set up in the bathroom adjacent to the playroom.

The days follow a schedule of play, snack, short rest, outdoor play, lunch, long nap, snack, outdoor play, indoor play. In the fenced outdoor area, which different age groups use at different times, the favorite items are a sandbox, swings, and some large, stationary wooden boxes for climbing in and over and around. The caregivers have received training in child development and make an effort to talk to the children throughout the day, familiarizing them with colors and shapes, pointing out things to look at and touch, and encouraging them to experience a variety of activities. They offer a few short, simple group activities, such as clapping hands, but most activities are independent because of the age of the children. Meals and snacks are prepared by a cook in the church kitchen and are served in the individual rooms, where the teachers encourage the youngsters to feed themselves but provide help as needed. Toddlers remain in their room with their teachers until their parents pick them up sometime before 6 p.m.

These descriptions do not take into account hungry, tired, teething babies or rambunctious, noisy toddlers, nor do they reflect the constant demands made upon caregivers of these age groups. Once the standards of safety and sanitation are met—and if these are not met, facilities should not even be considered—it is the skill, attitude, and enthusiasm of the caregivers that make the biggest difference in family day homes and centers. For suggestions on what to look for in choosing infant and toddler care, see Choosing Quality Child Care, pages 40 to 43.

Preschool Care

Preschools almost defy definition. Basically, they provide some kind of care for youngsters from 2 to 5 years old. Beyond that, their variety is astounding. They include proprietary, or privately owned, for-profit centers; nonprofit centers; church centers; business-sponsored centers; lab schools directed by high school and college home economics departments; public school-based centers; military-based centers; community centers; cooperative centers; and family group homes and family day homes.

They vary in hours of operation with some open all day, some half-day, and a few that offer extended hours. Their programs range from structured developmental curricula and activities to minimal custodial care and free play, from drop-off settings to places where parents are actively involved. Costs for one child range from $1,500 to $10,000 per year, with the average estimated at about $3,000. Fees tend to differ regionally, however, with the lowest average costs in the South. On the whole, center-based care is higher priced than care in a family day home, infant care is higher than care for preschoolers, and in-home unrelated caregivers are the most expensive of all. Finally, yet most importantly, preschools also vary in quality, from excellent to appalling.

Child development specialists know how to provide quality preschool child care. Through studies and observation, they have identified the most important elements:

- High staff-child ratio, which means few children per caregiver, or enough adults to give attention to every child.
- Small group size.
- Well-trained caregivers, with an emphasis on child development training.
- Low staff turnover, so that a stable relationship can develop between children and caregiver.

There also is general agreement about what quality child care can accomplish.

- For children at risk, the difference between success and failure in school and beyond.
- For families at or near the poverty level, a chance to be self-sufficient.
- For the corporate sector, increased productivity in the workplace.

Beyond that, quality child care can enable parents to leave their young children every morning without worry, knowing that they will be safely and lovingly cared for in a positive learning environment until mom or dad comes to pick them up in the evening.

The Child Care Industry

Child care may be the issue of the decade in the 1980s and 1990s, but this was not always the case. Throughout much of American history it was viewed as a welfare issue, an immediate concern only of the poor and the working class. It wasn't until women began entering the work force in ever-increasing numbers that it became a concern of the middle class.

Gradually, with the increasing need for parents to find caregivers for their children during the workday, an increasing number of preschools began to appear in communities throughout the country. Churches, which in the past offered morning nursery schools or mothers-day-out programs, began extending their hours to accommodate working mothers. Individuals opened child care centers in increasing numbers; others officially took a few youngsters into their homes, registering themselves as family day home proprietors. And as child care has become a national issue, it also has become big business.

In Texas, child day care ranked 17th in a list of 28 "superstar" industries from 1983 to 1988 and 6th among superstar service industries, adding 8,000 jobs to the work force at an annual growth rate of 6.8 percent.[13] In wages, however, it ranked in the bottom half of superstars along with other service providers, paying lower than the state average in 1988. The increasing number of two-worker and single-parent households was credited for the growth, which is expected to continue throughout the next decade.

National chains have grown manyfold since 1980. As of January 1989, Kinder-Care, the largest, operated 1,290 centers in 40 states (including Texas) and Canada; La Petite Academy, 680; Children's World Learning Centers, 467; Gerber Children's Centers, 120; and Children's Discovery Centers, 110.[14]

While national chains grew 11 percent between 1988 and 1989, regional chains that operate 6 to 100 centers in metropolitan areas grew even more, expanding 31 percent in that one year by acquiring existing centers or constructing new ones. During this expansion, two trends became apparent: An increasing number were developed and managed as employer-related centers, and many were opened in or near shopping malls.

Despite their rapid growth, the chains operate less than 10 percent of all for-profit centers. A majority of private child care centers are still run by small proprietors who operate one or perhaps two centers in a given area. And, in the late 1980s, a majority of youngsters are cared for by relatives or friends and are not in group care at all.

Child Care for Low-Income Families

All problems are exacerbated for the poor, and finding day care is no exception. Unable to afford quality care—or, too often, any care at all—parents living at the poverty level frequently leave their preschoolers in settings that range from inadequate to frightening.

These youngsters are likely to be the children of minorities, single parents, and teen parents. According to the U.S. Census Bureau, children are the poorest segment of American society. One out of every two black children is poor, one in three Hispanic, and one in six white, and over 40 percent live in central cities. But figures can be misleading: almost two-thirds of all poor children are white, and a disproportionate number live in rural areas. Their families number many among the working poor, earning too much for subsidized child care but not enough to afford it on their own. Others do not work at all but are on welfare, a fair percentage of the time because they have young children to care for and no place to leave them if they were to seek or obtain employment.

These are the youngsters who could benefit the most from high quality developmental day care. Studies over the past 20 years of Project Head Start, the Perry Preschool Program, and other such endeavors have shown that children who participate in quality child care generally gain long-term benefits in developmental learning, social growth, and physical well-being. They are more likely to succeed in school, enroll in college, and become employed, and they are less likely to become school dropouts, teen parents, welfare dependent, delinquents, or criminals. By providing a social support system, the programs benefit the families of the children enrolled, and by intervening early in the children's lives, they are credited with preventing or lessening the detrimental effects of poverty.

Preschools are not a cure-all; despite high quality early education, some children still need remedial schooling or become delinquent. Nonetheless, it has been calculated that a $1 investment in quality developmental child care saves $6 down the line by reducing costs for special education, public assistance, and criminal justice for adolescents and young adults.[15]

A combination of federal and state funds enables Texas to provide child care and preschool education for children from low-income families. These statewide efforts include Head Start, Title XX Day Care, and prekindergarten programs.

Head Start is the only federal initiative that provides child care directly. A comprehensive developmental program, it offers health, nutrition, and family support services as well as compensatory education, and it strongly encourages parent involvement. Its success in improving the lives as well as the educational potential of the children it serves has been well documented, and it is looked upon favorably by the current administration. Yet, it is primarily a half-day rather than full-day program, and it is estimated to serve only 15 to 20 percent of the eligible children in Texas over age 3.

Title XX Day Care in Texas is administered by the Texas Department of Human Services to provide care for children from birth through age 10 from low-income families and for neglected and abused youngsters referred by Child Protective Services. The program's goals are to prevent abuse and neglect, enable low-income parents to work or train for employment, and to support children's physical, social, emotional, and intellectual development. TDHS contracts with licensed day care centers and group homes and registered family day homes to provide services to meet these goals. Some facilities operate full-day programs, others offer half-day care.

With the exception of referrals from the state's Protective Services for Children and Families and Aid to Families with Dependent Children (AFDC) cases, who are not charged, families pay the centers a specified amount weekly, based on their income. The main portion of funding comes from the federal government through Title XX Social Services Block Grants and State General Revenue funds.

Many of these centers and homes provide quality developmental programs for their young charges. They do not begin, however, to serve all of the children eligible. According to the Children's Defense Fund, states use an average of about 18 percent of their Title XX allotment for child care; the rest is designated for meeting a variety of other human service needs. In fiscal year 1988, TDHS served 32,400 Texas children in Title XX child care, estimated as less than three percent of the children eligible.[16]

Prekindergarten programs also are offered in Texas, conducted by the public schools and administered by the Texas Education Agency. Although any school district may offer a program for 4 year olds, legislation passed in 1984 requires all districts to do so if they can identify 15 or more 4 year olds in their purview who are eligible due to low family income or limited ability to speak English. The program's goals are to provide developmentally appropriate education intervention and intensive language development opportunities for high risk youngsters. In the 1987-88 school year, 455 of the state's 1,090 school districts offered the prekindergarten program, serving an estimated 49 percent of the children eligible.[17]

For many low-income families, there are overlapping eligibility criteria, which means that some children who are eligible for but not served by Head Start, for example, are participating instead in Title XX Day Care or prekindergarten programs. Nonetheless, even though more children are served than is apparent from the percentages cited, the number of low-income Texas youngsters who are in need of day care and preschool education and the accompanying support services is tremendous.

Before- and After-School Care

There was a time, not many years ago, when mom was at home to greet the kids when they returned from school, and when she couldn't be there, grandma or a neighbor were there to take her place. But today mom, the neighbors, and many grandmas have joined the workforce, and often even the youngest children are latchkey kids, coming home key in hand to an empty house in an empty neighborhood.

With the tremendous increase in the number of working mothers—in Texas, 48 percent of women with children under age 6 and 63 percent with children aged 6 to 17 work outside the home[18]—latchkey kids have become a major concern. Their number is unknown. Based on the most recent statewide survey, which was conducted in 1973 when far fewer mothers were in the work force and updated by 1978 projections, an estimated 30,000 youngsters under the age of 6 are left to care for themselves while their parents work.[19] A decade later, a 1989 survey of Dallas County estimated more than that in the Dallas area alone, where between 27,000 and 36,300 elementary school children were estimated to be without supervision at least part of the time after school and 17,600 to 27,100 before school.[20] A current statewide survey undoubtedly would reveal a much higher number, but it probably would underestimate the full extent of the problem since parents are reluctant to acknowledge that they leave their children unsupervised for several hours each day.

Latchkey children have been defined as too old for child care, too young for work. For them the problem is more than going home to an empty house and the concerns about safety and crime that that situation implies. It also means not being able to have friends over or go outside to play, being lonely, feeling uncared for—or not going home at all. There is increasing recognition that, without an adult to serve as a safety net, children alone and lonely are more likely to have accidents in the home and get into trouble outside it. Children cite being home alone as their major fear; according to a 1987 Louis Harris and Associates poll, teachers single out "left alone after school" as the major reason children have difficulties in school. Beyond that—and that's quite a lot—are the lost opportunities for healthy development and learning that can take place after school.

In the past few years, an increasing number of options have become available to help resolve the latchkey problem. These include both new and expanded existing services, such as family day homes, private nonprofit and for-profit programs, church programs, and community recreation activities. Some take place on school grounds, others in churches or community centers. Some provide planned activities, a few offer tutorial help, and others are primarily for supervised free play.

In addition, new programs have been developed that are not center-based but instead offer self-help materials that guide children in home safety and time management. Telephone warmlines are another option, providing understanding listeners for children to report to when they get home from school or to call if they are frightened or lonely.

Many communities offer some after-school services for children, but few offer the variety or the number needed for their young citizens. Following are descriptions of some Texas programs that could serve as models for other communities, as well as examples of self-help training materials and telephone warmlines that could be of value to all children.

Center-based Programs

The best center-based programs offer a good mix of academic enrichment, cultural, social, and recreational activities, both indoors and out, that are age-appropriate for the children enrolled. They allow time for homework as well as free play. Popular activities are games, arts and crafts, and sports. In addition, these programs actively encourage parent involvement and have good communication with schools and social service agencies. Most of them operate from close of school till 6 p.m. on school days and take place in the cafeterias, gyms, and playgrounds of the public schools where they are located. Other settings include YWCAs and YMCAs, churches, and community centers.

Family day homes are another option available in most communities. In addition to caring for preschoolers during the day, many provide for school-age children before and after school. Some accommodate the older brothers and sisters of infants in their care; others, especially if located near an elementary school, are set up specifically for school-aged children.

Following are examples of quality after-school programs, all licensed by the Texas Department of Human Services.

Prime Time begins as soon as school is out for more than 2,000 children at 63 school sites in 11 school districts throughout San Antonio. The YMCA, which is one of the largest providers of latchkey care in the nation, started this program six years ago to provide low-cost, quality care after school, on holidays, and during the summer.

The daily program emphasizes recreational activities and arts and crafts, while special activities include field trips, sports tournaments, and community service projects. Youngsters also can participate in sports and club activities that take place on the school grounds. Each site has a director and one or more counselors, with a ratio of one adult to twelve children. All are trained in Red Cross first aid and CPR, attend eight hours of orientation before beginning work, and take additional training conducted by the YMCA throughout the year.

In addition to after school, the program operates all day during school breaks and holidays except Christmas, New Year's, and two days at Thanksgiving. The school districts provide space for the program without charge, and other support is obtained from the United Way and private contributions. There is a weekly fee, with scholarships available for eligible families.

The YMCA also operates day camps throughout the summer from 7:30 a.m. to 6 p.m., with swimming, sports, arts and crafts, nature lore, field trips, and some overnight campouts. Children can enroll for week-long sessions or the entire summer; the Northeast YMCA of San Antonio also accepts daily drop-ins. Fee reductions are given for the second child in a family.

Contact:
Metro Child-Care Coordinator
Prime Time, YMCA
P.O. Box 47607
San Antonio, Texas 78265
Phone: 512/656-5777

Worth Noting

Even cities such as San Antonio, with an above-average number of programs, have an "overwhelming demand" for after-school care. According to Prime Time's director, many schools are on the waiting list to start the Y's latchkey program on their campuses.

The YMCA conducts after-school programs under different names in different cities, but all follow a national model and work to maintain quality and standards. Twenty-three cities in Texas, from Abilene to Huntsville and Orange to Wichita Falls, conduct these programs. Check the phone directory for the local "Y" office, then call to see if it offers an after-school program in your area. If there is not a program in a community where there is interest in having one, contact the nearest YMCA to investigate the possibility of getting one started.

After School Kare is a school-based program conducted by San Antonio Ministries, a private nonprofit organization formed by 31 area churches to serve the community. The program has grown each year since it began in 1983 and now serves 12 schools in 3 districts—Northeast, Northside, and San Antonio ISDs. In addition to its regular after-school hours, the program accommodates families by opening early on some school holidays.

The program is more enrichment oriented than many, offering an educational unit each month. Children have the choice of participating in the unit or selecting another activity such as crafts, table games, music, drama, or reading. About a half hour daily is spent in outdoor play, and some time is set aside for homework, with tutoring available. Though sponsored by a church group, After School Kare is nonsectarian and no religion is taught. The program is independent of the schools but cooperates with those in which it is located.

Staff members, many of whom are students who are studying for teaching credentials, are trained in classroom management, CPR, and first aid. Parent involvement is encouraged and welcomed. Fees are reduced for the second child in a family who attends, and some scholarships are available.

Contact:
Program Director
After School Kare
1602-A Goliad Rd.
San Antonio, Texas 78223
Phone: 512/337-8550

Worth Noting

Churches in many communities offer after-school programs, either at their own facilities or at local schools. Some are limited to children of members, but many are open to all youngsters. In some areas, as in San Antonio, church groups band together, pooling their resources to meet a community need. In a community without such a service, local churches might be contacted about the possibility of starting one.

After-School Partnership, Houston, exemplifies interagency cooperation and corporate involvement. It was developed in 1987 by the Committee for Private Sector Initiatives (PSI) in partnership with the Houston Independent School District as a fully cooperative venture. The school system provides the facilities, general maintenance, and one certified teacher at each site to help with academic work; five nonprofit community agencies—YMCA, YWCA, Camp Fire, Inc.-Bluebonnet Council, Wesley Community Center, and Child Care Council of Greater Houston—operate the programs; a child care consultant firm provides staff training and program evaluation; and corporate sponsors—currently 22 Houston-based companies—provide funds for scholarships, equipment and materials, technical support, volunteers, and special projects and events. PSI initiated the program and is responsible for its overall administration.

The curriculum is based on criteria developed by the accreditation division of the National Association for the Education of Young Children, and though it is basically the same at each school, it is flexible enough for staff members at each site to incorporate their own talents and skills into the program. Academic help is included in the afternoon's activities.

Staff qualifications vary, depending on the providing agency. However, PSI provides preservice and on-the-job training for all staff, and this ongoing training, along with quality programming and above-average salaries, help attract and retain qualified caregivers. Active parent interest is encouraged by newsletters, bulletin boards, and advisory boards, as well as through staff contact. To assure program quality, each site is assessed monthly and evaluated comprehensively twice a year by an outside firm.

In the 1988-89 school year, the program was conducted in 27 schools, almost double the number with which it began. Fees are on a sliding scale based on family income and are approximately half the cost of private after-school care in the Houston area.

Contact:
Program Manager-Child Care
Houston Committee for Private Sector Initiatives
P.O. Box 2511
Houston, Texas 77252
Phone: 713/659-1712

Worth Noting

Bringing public and private sectors together to initiate and conduct programs is proving an effective way for communities to meet the increasing need for children's services of all types. Coordination has the advantage of developing public awareness of a local problem, drawing upon the expertise of different groups, and making a greater number of resources available for resolving the problem.

After-School Partnership, with its interagency cooperation and corporate involvement, is unique in Texas and can serve as a model for programs that could be developed on a smaller scale in communities throughout the state. As the director points out, "Most parents can't afford the cost of private child care. For low-income families to obtain quality care for their youngsters at an affordable cost, community and corporate involvement are essential."

Family day homes operate in the providers' homes, and they vary widely in caregiver qualifications and physical setting. Some set aside one or two rooms for the youngsters; others give them the run of the house. Some have large yards in which to play, while others are more limited in outdoor space. A few provide transportation from school to home; generally, children walk to the day home from school. A majority of the providers have a high school education, although some have college degrees and child development training.

High quality homes provide adult supervision in a homelike atmosphere, along with a caring person to talk to about happenings during the school day. Generally, however, they do not offer a planned program for older children but provide a few games, toys, and books and allow independent and group play. Some maintain one room for reading or doing homework.

Family day homes should be registered with the Texas Department of Human Services and open for inspection by parents and TDHS representatives at any time. Because many are set up primarily for infants and preschoolers, they are most satisfactory for younger school children.

Self-care Training Programs

In every family, there are times when children are left at home on their own. An emergency may arise; a parent may be going out for just a few minutes; or perhaps a youngster is growing up and ready to stay alone for a short time. Sometimes a parent can find no other option than to send a youngster home to an empty house after school. Whatever the family situation, all children can benefit from learning responsible self-care.

Several organizations have published materials designed to give children information not only to make their time alone safer but also to help them—and their parents—feel more secure and comfortable.

Texas Agricultural Extension Service, The Texas A&M University System, College Station, has developed a variety of self-care programs for different age groups. "On Your Own" teaches 8- to 13-year-olds to be "cautious and responsible through preparation and prevention." A series of six self-care lessons, it covers such topics as house rules and home safety, first aid and coping with crises, kitchen know-how and safety, after-school chores and homework, leisure-time activities, and coping with loneliness, boredom, and fears.

The series, which was designed as a 4-H school enrichment curriculum project, can also be used in nonschool group settings. The County Extension Agent provides training and materials for the sessions, which can be taught by a teacher, volunteer, or county agent and is available to schools and groups throughout the state.

Two other series are useful in conjunction with this program. "Parents Guide to Responsible After-School Self-Care for Children" is a series of four letters designed to guide parents in teaching their children to care for themselves. The first leaflet includes a checklist to help determine a child's readiness for self-care. Others deal with safety, nutrition and snacks, homework and chores, what to do in emergencies, self-protection skills, alternatives to television, and ideas for fun.

The "Food, Fun, Safety and Study for Kids After School" series contains four letters that present information about skills, practices, and decision-making that are important for responsible self-care. All materials are available from the County Extension Agent in each county.

Contact:
Family Life Specialist
Special Services Building
Texas A&M University
College Station, Texas 77843
Phone: 409/845-3850

Similar Programs

Camp Fire, Inc. offers several self-reliance education programs: "I'm Taking Care" for 10- to 12-year-olds, "I'm Safe and Sure" for grades K and 1, and "I Can Do It" for grades 2 through 6. Each series is designed to inform children, not scare them, about such things as how to answer the phone or door and what to do in an emergency. "Peer-Proof" is a guide to help youngsters in grades 4 through 6 learn how to act assertively and resist negative peer pressure. For information, contact a local Camp Fire office.

AAL conducts "I'm in Charge...When I'm Home Alone," a one-hour workshop that helps families work together as a team to prepare children for the responsibility of being home alone. A film and a take-home workbook are included. Information is available through AAL-Fraternal Benefits and Financial Services for Lutherans, listed under AAL in local telephone directories.

The Mental Health Association in Texas developed "WHO" (We Help Ourselves), an educational program to help youngsters in grades K through 12 learn how to avoid being victimized. A variety of methods is used—videotapes in Spanish and English, puppets for younger children, and discussions for all ages led by trained volunteers—to develop strategies and resources, problem solving, and self-reliance. Presentations are age appropriate for grades K-3, 4-6, and 7 and can be arranged for small groups in schools, clubs, organizations, and religious groups. For information and booking, contact the Mental Health Association office listed in the local telephone directory.

Telephone Warmlines

For children home alone, someone to talk to can help alleviate loneliness and boredom, offer reassurance and a sense of security, and provide help in an emergency. That is the function of telephone warmlines. Most operate during the after-school hours of 3 to 6 p.m., and a few extend into the evening and on weekends. They are staffed by trained volunteers and are sponsored by concerned agencies and businesses in the community. Among those in Texas are the following.

KIDTALK - Dallas. Open 3 p.m. to 6 p.m. school days and 10 a.m. to 6 p.m. in the summer, KIDTALK is a number for all children, but primarily those in elementary school, to call when they are worried or have a question. Phone counselors listen, give information, and make referrals. This free service, sponsored through the collaboration of more than 40 Dallas organizations, is coordinated by the Lone Star Council of Camp Fire, Inc. Phone: 214/521-2267.

Chatters - Houston. Open from 2 p.m. to 6 p.m. weekdays during the school year, Chatters serves youngsters in grades 3 through 8. A one-time nominal fee is required to register and receive a monthly newsletter. The service is sponsored by Houston Neighborhood Centers and is funded through the United Way. Phone: 713/529-0777.

Similar Programs

Home Alone Grandbuddies, San Antonio, and *Phone Friends*, Paris, use senior citizens as volunteers. *Child Check*, Waco, is a community project jointly sponsored by the Huaco Council of Camp Fire, Economic Opportunity Advancement Corporation of Waco, and Waco Volunteer Council.

Care for Sick Children

The working parents dilemma: What do you do when your child gets sick? The chicken pox, an upset stomach, the sniffles, and other mild illnesses can cause even the best child care arrangements to fall apart. Child care centers and schools won't take sick youngsters, and all too often, grandparents live miles away, neighbors and friends work, and parents have used all their sick-leave and vacation days and can't afford to miss another day of work.

This is rapidly becoming an employers' problem, as well. On the one hand, a high percentage of absenteeism is caused by parents who stay home to care for sick children; on the other, inattentiveness and lack of productivity often are caused by parents who worry about the sick children they left at home alone. In either scenario, it's an unsatisfactory arrangement for everyone concerned.

The solution of parental preference is to have paid days, comparable to sick leave, to care for mildly ill children. (The chronically ill are another concern and are discussed in Care for Children with Special Needs, pages 33 to 36.) This was considered the most useful benefit by 90 percent of the mothers of newborns surveyed in a national study in 1987.[21] But there are no national or state policies that mandate sick-child leave and few companies offer it as an employee benefit.

Other options—and these to date exist in limited quantity—are in-home and center-based sick-child care. Both are expensive, but they are usually of short-term duration, used primarily when children are recovering from an illness but are not yet ready to return to their regular caregivers. Some employers help out by reimbursing part of the cost to their employees or by contracting with centers or home services to pay a specified percentage, thus reducing the direct cost to the parents.

Out-of-home care is provided primarily through hospitals, with most conducted in the pediatric section in rooms that have been remodeled for use by young children. Hospital-based programs admit youngsters with colds, ear infections, intestinal ailments, and skin infection as well as those recovering from an illness or surgery, but most do not admit children with chicken pox, measles, mumps, or other highly contagious diseases. The programs offer care by pediatric nurses and nurses aides to children from 6 weeks of age to 14 years. Although many sick bays are open to children of the community, they have not caught on in most areas and are used primarily by hospital employees for their own youngsters.

A recent innovation, initiated by "Chicken Soup, Inc.," in the Minneapolis area, is to open free-standing centers in nonmedical settings for children with minor illnesses. Another is to designate one part of a regular day care center as a sick bay.

Hospitals, along with health care programs, also provide in-home care, sending a trained caregiver to a child's home for a specified time period. This option is useful when a child is too sick to go out or has an illness that health restrictions prohibit from the group setting. It is both more personalized and more costly than center- or hospital-based care.

In Texas, several hospital-based programs have opened within the past two or three years, while free-standing centers and center sick bays are at this time limited to one exemplary model of each. Descriptions of these three types of out-of-home sick care follow.

Seton Kids Care Club, Austin, is in a bright, cheerful building with four self-contained rooms: the Polka Dot Room for children with chicken pox, the Popsicle Room for those with flu or stomach virus, the Sniffles Room for kids with colds and respiratory illness, and the Teddy Bear Room for youngsters with noncontagious ailments such as a broken leg or recovery from surgery. Each room has its own bathroom and diaper-changing areas, refrigerator, cribs and cots, furniture, toys and books, and videotapes. The chicken pox room also has its own entrance and ventilation system. Lunch and snacks are served in the individual rooms.

Trained child care aides are assigned to one specific room each day to avoid possible contagion, and a registered nurse is on duty throughout the day. Large windows in interior walls enable staff to see the children in each of the rooms and provide a light and open feeling, as well.

The Kids Care Club is open weekdays from 6:30 a.m. to 6 p.m. for youngsters from 6 months through 12 years old. They are welcomed in their pajamas and with their favorite snuggly toy, pillow, and blanket. When a parent calls prior to bringing a child, staff does an initial telephone assessment, followed by a nurse's assessment of the child's symptoms when the parent and child arrive. The program is not set up for seriously ill children, who are referred to pediatricians. The nurse checks on the children throughout the day and administers medication if parents bring it and complete a release form for administering it.

Fees are charged for a full or half day, and there is a nominal annual registration fee. Several local business, including Seton Medical Center which operates the program, subsidize part of the cost for their employees. The center opened in fall 1988 and is the first of its kind in Texas. Seton also offers Sick Child Home Care, with charges based on the type of services provided.

Contact:
Seton Kids Care Club
1003 West 6th Street
Austin, Texas 78701
Phone: 512/476-KIDS (476-5437)

Methodist Hospital Child Care Center, Lubbock, cares for sick children in a cheerful infirmary located in one wing of its large day care center. To minimize contagion, the area has a separate entrance and is divided into seven small but pleasant rooms, each with two cots or cribs and a variety of toys, books, and quiet games. Licensed vocational nurses (LVNs) care for the youngsters, and parents are encouraged to drop in at any time. Because of high demand, the infirmary is limited to children of hospital employees, although they do not have to be registered in the regular care program. It serves children from birth to 13 and is open from 6 a.m. to 11:30 p.m., the same hours as the center. At present, this is the only sick child program in Texas that is located in and operated in conjunction with a child care center.

Contact:
Methodist Hospital Child Care Center
P.O. Box 1201
Lubbock, Texas 79408
Phone: 806/793-1011

Good Shepherd Medical Center, Longview, keeps "Sick Bay" open 24 hours a day, seven days a week, for youngsters from 6 weeks to 14 years old. Located in the pediatrics wing of the hospital, the program offers individualized care by pediatric professionals to children with problems ranging from minor to serious illnesses. Nurses check the youngsters when they arrive and monitor them throughout their stay, helping them as needed with feeding and other routine activities and making sure they are comfortable. The program provides meals and snacks, and nurses administer medication if a parent has provided it and signed a release form. Parents are encouraged to phone or visit their youngsters throughout their stay. There is an hourly or daily fee for Sick Bay, with an extra charge if a private room and specialized care are required.

Although the program is open to families throughout the Longview area, it is used primarily by employees of the medical center, which has a full-time and regular part-time staff of about 850.

Contact:
Sick Bay
Good Shepherd Medical Center
621 North Fifth Street
Longview, Texas 75601
Phone: 214/236-2000

Similar Programs

Hospital-based programs for mildly ill children seem to be gaining in popularity. Among them are *Kids on the Mend*, St. Joseph's Hospital, Houston; *Kid Med*, Presbyterian Hospital, Dallas; *Kid Kare*, DFW Medical Center, Grand Prairie; and *Bear-ly Sick Child Care*, HCA Medical Center, Plano.

Child Care in the Workplace

Employers have discovered child care. For many employees, with visions of quality centers at reasonable cost on or near their work sites, employer-supported child care sounds like a cure for their day care problems. On the other hand, for many employers, especially those who have few employees or operate on a minimal budget, it sounds impossible. Few people, employees and employers alike, seem aware of the many options apart from on-site centers that employer, or corporate, child care support might take.

Employer-assisted child care may have been discovered, but in practice it still has a long way to go. It is estimated that only 3,000 of the nation's six million employers offer any form of child care assistance, and only about 200 companies, 500 hospitals, and 50 government agencies provide on-site or near-site facilities.[22] In a national study of nearly 4,000 groups of workers,83 percent of those surveyed received no employer assistance of any kind for child care.[23] Of the 17 percent who received assistance, 10 percent did so through a pretax salary set-aside plan or a referral service and 7 percent through financial support and/or on-site or nearby centers. Companies with more than 500 employees were more likely to provide assistance than smaller companies, with hospitals the primary provider of child care help. The study also found that although small employers usually have fewer resources to invest or do not consider such investment cost effective, the main reason for not providing assistance was not their size but lack of information. Apparently many employers are neither aware of ways in which they might help their workers obtain better and more affordable child care nor do they realize how their companies might benefit if they were to provide this help.

Government agencies—federal, state, and local—are more likely than private firms to provide some form of child care assistance to their employees.[24]. Twenty states offer on-site or near-site day care to state government employees and about half offer some form of child care benefits. In 1987, the 70th Texas Legislature made two options available to state government employees for the first time—income tax reduction through salary set-asides for employees with young children in day care and the potential for day care in buildings owned or leased by the state, which previously had been prohibited.

The advantages of all forms of employer assistance to employees with young children are obvious. But from the employers' standpoint, what are the advantages of offering special options to parents? There are many, according to a national study of virtually all employer-supported child care programs.[25] The study found that 90 percent of those surveyed reported improved employee morale; 85 percent, a better public image; 85 percent, improved recruitment; 65 percent, reduced employee turnover; and 53 percent, decreased absenteeism. Individual companies report finding such benefits as lower job turnover and training costs, less absenteeism and tardiness, increased productivity and job performance, improved employee morale, and a better reputation in the community. A further incentive is that employer-assisted child care benefits are a business expense and as such are fully tax deductible.

A large study conducted at California's Union Bank backs prevailing viewpoints with amounts of actual dollars saved.[26] This study found that reduced absenteeism and improved employee retention were the primary benefits of the bank's on-site center, with "savings in the areas that were calculable estimated to be between $138,000 and $232,000" after one year of operation. Other benefits were found that could not be calculated in dollars, among them better public relations, more effective recruitment, higher employee morale, and improved work performance.

A question sometimes asked is whether child care benefits are discriminatory. They are not, as long as they are made available to all employees in a given company. In fact, companies are finding that policies for leave time and flex time have broad appeal to many employees, whether or not they have young children.

Child care support by business and industry is still in its infancy. There is no "best" approach; options depend on the size of the company, the objectives of management, and the needs of the work force. Following are some of the strategies that parents might seek and employers might consider.

Care for sick children. Companies underwrite part of the cost of a sick-child center where parents can drop off youngsters with minor illnesses such as colds or chicken pox. Others, through contract with local health care agencies, pay part of the cost of in-home care for sick children.

Cafeteria-style benefits. Businesses offer child care as one of several optional employee benefits. For example, a benefit package might include a choice of extra vacation, dependent life insurance, a capital accumulation plan, or care vouchers, enabling employees to select the items that best fit their needs yet not adding to the employer's total cost of benefits.

Financial Assistance

Employers can provide financial aid in a variety of ways, among them the following:

Income reduction or salary set-aside. Employers retain a specified amount of participating employees' salaries, based on projected child care costs for the year, to be used for child care of each employee's choice. Because these are pretax earnings, employees do not pay income tax on them and companies do not pay federal tax. The maximum amount of pretax earnings that can be set aside each year is established by current tax law.

Vouchers. Employers subsidize part of the cost of care by providing vouchers to employees to submit to child care services of their choice. Some companies pay a percentage of the cost, based on family size and income; others pay a specified subsidy per year to each employee with preschool children.

Fee discount. Employers arrange with child care facilities for a discount for children of their employees, sometimes based on a guarantee of a specified number of enrollees.

Corporate Systems, Amarillo, exemplifies how a combination of corporate concern and employee input can lead to an optimum blend of financial assistance for child care. In 1985 the company set up a task force to study the possibility of starting an on-site care center, a project the management was interested in pursuing. A careful study, however, which included a survey of the firm's 285 employees, found that there was little interest in such a project. Most employees were satisfied with their current arrangements and didn't want to change them; their concern was more with cost than availability.

As a result, the company investigated other arrangements and now offers two options, vendor/voucher payments and pretax salary reduction or set-aside. To establish the first option, the firm investigated private child care providers in the city, then contracted with one that operates several centers and that agreed to accept the children of Corporate Systems' work force at a discount. Employees pay the child care fee with vouchers; the provider, or vendor, bills the company directly, and the discounted child care fees are deducted from the employees' pay.

For pretax salary reduction, an employee's annual estimated child care expenses are automatically deducted from the payroll. An employee who earns $25,000, for example, and estimates child care expenses at $3,000, would lower gross income for tax purposes to $22,000. There is no refund for miscalculation, and any money left over reverts to the company. At Corporate Systems, any "leftover" monies are used for the annual Christmas party.

Contact:
Corporate Systems
P.O. Box 31780
Amarillo, Texas 79120
Phone: 806/376-4223

Worth Noting

Although company management had been enthusiastic about building an on-site center, the senior vice president acknowledges that, thanks to the initial study, the financial assistance system they implemented is more suitable and beneficial for their employees and less expensive to operate, as well.

Information

A time-honored way of finding out about child care in a community or learning parenting skills is to ask family, friends, and neighbors. But many parents today are new to an area, live in a neighborhood where there are few young children, or are far from family and friends. Now there are options to help meet these needs.

Resource and Referral (R&R). Based on a pattern established by IBM, businesses contract with local organizations to conduct resource and referral services which provide information on the availability, location, and cost of child care, as well as on quality and other features. The most common form of employer child care assistance, R&Rs are useful to parents and relatively inexpensive for the sponsoring companies.

R&R services do more than identify child care programs for families who seek their help. When parents are informed about what is available, their choices increase, and when they are informed about what to look for in child care, their children's chances for being enrolled in high quality programs increase. These services also maintain data on supply and demand for children's services in their areas, information that is useful for community and state planning.

Parent education. Some companies offer workshops on topics such as how to select child care, some employ counselors to help their employees with child-related problems, and some have full programs that in addition to these approaches include newsletters, annual health fairs, and other family-focused informational events.

Texas Child Care Resource Clearinghouse is a statewide R&R network created by the Texas Legislature in 1987 to help parents in the work force find care for their children. Located in the state office of the Texas Employment Commission (TEC), it can be contacted through any of the 100 local TEC offices. Through this network parents can get the name and phone number of the child care information and referral service in their area, which in turn can provide a list of licensed centers and registered family day care homes. For areas without an R&R service, the TEC network will give the number of the nearest office of the Texas Department of Human Services, United Way, or other agency that can provide the information requested.

The clearinghouse also is a resource for employers, providing information on different ways in which businesses might assist their employees with everything from voucher systems to on-site centers.

Contact:
TEC Child Care Clearinghouse
15th Street & Congress Avenue
Austin, Texas 78778
Phone: 512/463-2973

Local R&R services are located in several Texas cities. Each maintains a computerized data base of licensed child care centers, registered family day homes, and other programs such as summer camps, and gives several referrals for child care based on the needs of the caller. Among the types of information provided are location, ages served, cost, days and hours of operation, and special features.

R&R services generally do not evaluate programs or assess the quality of care available. It is up to parents to visit the centers and determine the quality for themselves. Services generally specify that referrals are not recommendations, and most have a written disclaimer indicating that parents are responsible for their own choices.

These networks serve both businesses and individuals. For parents who work for a company that contracts with a local R&R, employers cover the cost of the service. For individuals not associated with a sponsoring company, most agencies offer a free first call or have a nominal fee, often based on a sliding scale, so that no families will be left out.

At present, the following Texas cities offer resource and referral services:

Austin:
Child Care Switchboard - 512/454-4732

Dallas:
Child Care Dallas (for employees of corporate sponsors) - 214/630-7911
Child Care Answers (for individuals) - 214/631-2273

Houston:
Child Care Resource and Referral - 713/783-3890

San Antonio:
Kidcare - 512/299-7176 or 299-7179

If there is no R&R service in your community, or if it is available only to employees of companies that subscribe to it, the local office of the Texas Employment Commission or the Texas Department of Human Services listed in the telephone directory should be able to provide the information requested.

Personnel Policies

Personnel policies that enable employees partially to tailor their work schedules are becoming increasingly popular, not just for parents of young children but for persons who care for elderly parents, prefer a shortened work day, or for some other reason prefer nontraditional working hours. They include the following options.

Job sharing. Through job sharing, two employees do the work (and receive the pay) of one, each working a half day or alternating days per week, as arranged to suit the individuals and company involved.

Flextime. Regular working hours are varied to accommodate the employees. Examples include varying the times that workdays might begin and end, permitting split shifts, scheduling longer work days but fewer days per week, and coordinating vacations with those of the local schools.

Part-time. Employees, at their request, work a reduced schedule at reduced pay. This can be a viable choice for parents who prefer and can afford to spend part of each day or more days per week with their young children.

Flexible leave. Personnel policies are enacted to provide maternity and paternity leave, sick-child leave, and leaves of absence for child-related emergencies.

When ***USAA***, San Antonio, studied how they could help their employees with young children, they selected three options: resource and referral, parent counseling and skills training, and pretax salary reduction. USAA considered on-site care at the home office but determined it would serve too few of the 8,700 staff to make it worthwhile.

The information program began in January 1988, when the company coordinated with the City of San Antonio to get on line with Kidcare, an established child care resource and referral service. USAA counselors talk to employees, discuss their needs, then feed the information to Kidcare so appropriate referrals can be made. The counselors also conduct parenting classes every quarter at a brown-bag seminar, conduct single-parent support groups, host

an annual "care fair" with representatives from agencies that serve children and the elderly, and provide additional information on child care, such as services for special needs children.

An additional option, initiated in July 1988, is to set aside child care expenses from employees' salaries, then reimburse participating employees with pretax dollars when they present receipts for payment.

The results of this varied assistance program have been "very positive" according to a company spokesman. In addition to helping recruit and retain employees, these options are credited with improving administration and staff relationships.

Contact:
USAA Group
USAA Building
San Antonio, Texas 78288
Phone: 512/498-2211

Child Care Centers

On-site or near-site child care is probably the most widely recognized form of employer assistance, and for some businesses it has proven highly successful. It is not, however, the solution for everyone. The following caveats should be noted. To be effective, it demands a work force large enough to provide the necessary enrollment on a continuing basis, but not so large that many employees' children would be left out. It also requires a considerable cost outlay, available facility space or land on which to build it, and the full support of company management.

On-site centers. These are established to provide for the children of employees, with days and hours of operation scheduled to match work schedules. A business can operate its own center or contract with a for-profit or nonprofit agency to manage it. On-site centers are most commonly in hospital settings, where nighttime nursing shifts make it difficult to find child care elsewhere.

Nearby centers. Companies contract with centers near the business site to conduct a program solely for their employees' children, or contract for a specified number of slots at a nearby center that serves children from the neighborhood, as well.

Consortium centers. To make a facility cost-effective for employers with small work forces, several companies work together to establish a mutually convenient child care center.

Public-private partnerships. Public and private organizations work together to fund child care services. Some collaborate to support the recruiting, training, and operating costs of family day-care providers; others work together to start a center in a community.

Methodist Hospital Child Care Center, Lubbock, exemplifies an on-site center with full company support. First, the hospital conducted research which verified the need for and potential use of a company child care center. Next, it bought land across the street from the hospital and had a facility and playground designed and constructed for the children it planned to serve. Finally, it hired a well-qualified director to set up and operate a child development program.

The center is open from 6 a.m. to 11:30 p.m. seven days a week, and in emergencies it remains open later to meet the needs of the medical and nursing staff. It serves children from birth to 13, with a developmental day care program for infants, toddlers, and preschoolers; a kindergarten program that is coordinated with the Lubbock Independent School District for 5-year-olds; and an after-school and holiday program for school-aged children. Sick children are accommodated in a cheerful infirmary that has a separate entrance and is staffed by licensed vocational nurses (LVNs). The center also accepts drop-ins—children not regularly enrolled—as space permits, and makes special accommodations to serve children with special needs. The program operates in three shifts and can accommodate approximately 250 youngsters.

The director is hired by the hospital and heads a well-trained staff. Lead teachers must have a minimum of a bachelor's degree in child development, and education and experience requirements for other staff members also are high. To attract high quality staff, pay is above average and all center personnel receive hospital benefits. The staff is augmented by students in child development and nursing from area colleges, who work with the children as part of their training, and by volunteers from the hospital auxiliary who devote several hours per week to helping with the toddlers. The center is accredited by the National Association for the Education of Young Children.

The resources of Methodist Hospital provide valuable support to the center. A hospital nutritionist plans the three meals and three snacks that are served each day, the kitchen prepares and delivers the food, and maintenance staff take care of building repairs and laundry. The building itself was constructed according to hospital building code specifications and includes a number of extra safety features. The payroll office handles child care fees, automatically deducting them from the employees' pay.

Contact:
Methodist Hospital Child Care Center
P.O. Box 1201
Lubbock, Texas 79408
Phone: 806/793-1011

Worth Noting

The Methodist Hospital center opened in mid-1987 and was so well received that a second unit was opened in January 1988. The three infant groups (birth to 15 months) have a steady waiting list. According to hospital personnel, the center has helped recruit and retain nurses and other staff as well as develop good community relations throughout the South Plains.

The Magic Years Child Care Center, Austin, is the first on-site, state-agency-sponsored child care center in Texas. Opened by the Texas School for the Blind in January 1989, the center is housed in formerly unused dormitory space, now remodeled to meet child care specifications. TSB contracts with a private provider to operate the program, which is licensed to serve 60 children.

This new program serves children aged 6 weeks to 5 years and is open to youngsters whose parents are employed in TSB or any of the other state agencies located nearby. The curriculum is based on developmental milestones, with time for independent play indoors and out as well as planned learning activities. Parents are welcome to visit their children during the work day.

Contact:
Magic Years Child Care Center
Texas School for the Blind
1100 W. 45th St.
Austin, Texas 78756
Phone: 512/452-8501

Worth Noting

TSB is the first state agency to take advantage of SB 826, the 1987 legislation enabling the provision of child care in state buildings. Other state agencies and universities are considering taking similar steps.

The L&N School, Dallas, grew out of the vision and commitment of the chief executive officer of Lomas and Nettleton and his wife, who provided the motivation and support for developing a quality center on the grounds of the company's service operations.

Accredited by the National Association for the Education of Young Children, the school is exemplary in every way. It is located in a large wing of the Service Center Building in facilities that were specially designed for child care, with shady playgrounds that adjoin the company's landscaped grounds. The center director is hired by and responsible to the company, which maintains an ongoing interest in the program. All teaching staff have college degrees, and a registered nurse is on staff full time. The school is licensed to serve 110 children, ages 6 weeks through 5 years, and is open from 7:30 a.m. to 5:30 p.m. to accommodate staff on site as well as from the downtown administrative offices. Tuition payments are made through payroll deductions, with the company subsidizing approximately 50 percent of the cost. The City of Dallas provides some tuition assistance for eligible families.

The school features a developmental curriculum, adapted for each child, and strong family support, with ongoing parent education programs as well as committees that involve parents in the center's activities. It is the first preschool in Texas to incorporate the parent education program, Parents as Teachers, into its curriculum. (For a description of the program, see Parent Education, pages 37 to 39.)

Contact:
The L&N School
Lomas and Nettleton
1600 Viceroy
Dallas, Texas 75235
Phone: 214/879-4040

Assistance for Employers

Just as parents can be overwhelmed by the prospect of finding and selecting quality child care, employers interested in helping their employees can be overwhelmed by the array of options to consider. Now assistance is available to them through state and local resources.

The statewide *Child Care Resource Clearinghouse*, located at the Texas Employment Commission in Austin and authorized by the Texas Legislature, provides technical assistance to employers regarding options for child care support. (See page 27.)

On a local level, one model program is *Austin Families*, which works with companies to design programs that best meet their needs. Assistance from Austin Families might take the form of conducting seminars at the work site on family-related topics, managing voucher programs, consulting on program options for sick children, conducting a child care needs assessment, or consulting on developing child care centers. The agency also contracts with companies to provide resource and referral services for their employees.

Children with Special Needs

Parents of children with special needs are, first of all, parents. But for those whose youngsters are handicapped or developmentally delayed, the role of parenting is far more demanding, time consuming, expensive, and exhausting, and child care and other services to help these youngsters and their parents are far more difficult to find.

Early Childhood Intervention

Texas has a unique program, Early Childhood Intervention (ECI), created by the Legislature in 1981 to coordinate services for children from birth to age 6 who are developmentally delayed or handicapped. By ECI definition, these are children determined by an interdisciplinary team to exhibit:

> "(A) a significant delay, beyond acceptable variations in normal development, in one or more of the following areas: (1) cognitive, (2) gross or fine motor, (3) language or speech, (4) social or emotional, (5) self-help skills, or
>
> (B) an organic defect or condition that is very likely to result in a delay in one or more of those capabilities or skills."

This is a statewide effort in which four state agencies—the Departments of Health, Mental Health and Mental Retardation, and Human Services, and the Texas Education Agency—work together to fund and monitor educational and therapeutic services to help children maximize their strengths and help families cope with the problems presented by children's serious disabilities. These services are individualized and comprehensive and include diagnosis, evaluation, case management, and the many types of physical and educational therapies designed to help prevent, minimize, or overcome developmental delay.

Although some ECI programs help families find appropriate child care services, the program itself does not at this time provide funding for child care or respite care. Such programs do exist in Texas, but they are in short supply. There is great need for child care during the work day and in the summer for working parents and for respite care to give all parents a breather from what often is round-the-clock care of a child. For families of children with disabilities, these are areas of continuing concern.

Following is a sample of model programs in Texas that provide child care and respite care for children with special needs. Also described are peer support groups in which parents can get information and suggestions along with the understanding support of "someone who's been there." For a more complete review, see *Choices Limited: Child Care for Children with Special Needs*, Hogg Foundation for Mental Health, 1989.

Day Care

The reality of child care for special needs children is that it is expensive. It requires more, and more highly trained, staff. For medically fragile children, it also requires more, and more specialized, equipment. And the younger and more severely involved the child, the greater are both the requirements and the expense.

But efforts are being made to provide services for these youngsters. Some are mainstream, or integrated, programs designed to serve children with and without handicaps in the same program. Generally, about one-third of the enrollees are children with developmental delay. Others are standard centers that enroll one or two handicapped children into the regular program. Still others are extensions of therapy programs, established as a needed service for their clients. Finding these programs can be difficult, as no statewide list is available, but ECI program staff members are good resources for availabilities in their areas.

Following are examples of the types of care available, although in limited quantity and primarily in the state's large cities. They might serve as models for developing additional programs.

Project Special Care, a program of the Children's Center for Developmental Therapy, Houston, makes family day home care available to parents of developmentally disabled youngsters from birth to age 21. The homes, which are registered by the Texas Department of Human Services, are open from 7 a.m. to 6 p.m. Monday through Friday for parents employed outside the home. Some also offer care before and after school for youngsters enrolled in other programs.

Children's Center staff monitor the homes regularly, giving suggestions and training for carrying out developmentally appropriate activities. In addition to the day care fee, there is a modest supplemental charge for Special Care. Six homes participated in 1988.

Contact
Director, Project Special Care
Children's Center for Developmental Therapy, Inc.
1415 California Street
Houston, Texas 77006
Phone: 713/522-1131

Infant-Parent Mainstream Program, Austin, provides quality developmental child care for handicapped and nonhandicapped children in an integrated, or mainstream, setting. Children served range in age from 18 months to 5 years; about one-third are developmentally delayed.

The child care program began in 1986 out of a need for mainstreaming youngsters in the Infant-Parent Program, a well-established therapeutic program for young children. The center is housed in a wing of the church where part of the intervention program is located. To attract nonhandicapped children, project staff canvassed the neighborhood, convincing families that smaller classes and a larger, more experienced staff made their center an attractive one for all children. The church cooperated by giving a welcoming dinner for mainstream families.

The center offers a high quality developmental program. Staff-child ratio, which is based on the developmental ages of the children, is one to two. Youngsters are placed in family-type, or mixed age, groupings, with children of different developmental ages participating in some activities together. Therapy for youngsters who need it is arranged for early morning to avoid disrupting the child care program.

Contact:
Infant-Parent Mainstream Program
3804 Cherrywood
Austin, Texas 78722
Phone: 512/469-0131

Worth Noting

The director of the Infant-Parent Program acknowledges that care for children with special needs is more expensive than other care, largely because of the need for more staff, but she considers it part of the program's mandate to enable children to participate in a mainstream environment. Another method that she suggests, and one that is being carried out successfully in many communities, is for therapy programs to contract for services with existing child care centers. Some centers, especially when approached by a professional who will give them training and guidance, are willing to serve children who are developmentally delayed.

Extend-A-Care, Austin, is a school-based, private nonprofit program that provides supervised after-school activities daily from close of school until 5:55 p.m. It offers three options for children ages 3 to 21 with special needs.

For mildly delayed youngsters who can be mainstreamed into the regular school program and can function comfortably without extensive extra attention, Extend-A-Care provides integrated programming at each of its 34 school sites. For children with emotional and behavioral problems, staff at three sites conduct After School Enrichment for Special Populations, a program in which participants learn appropriate ways to play and interact with other children. Approximately 30 percent of the children enrolled at these three sites are classified as emotionally disturbed.

One school site serves severely and profoundly handicapped children. Here a qualified staff of one caregiver for every three students conducts individualized developmental programs as well as cares for the children's physical needs. Medical equipment and supplies are maintained at this site.

During summer vacation, Extend-A-Care conducts an all-day program at four schools, with an area set aside at each site for children with special needs. The program for the severely and profoundly handicapped operates throughout the year. The Austin Independent School District provides facilities for Extend-A-Care, and the city, county, United Way, Texas Department of Human Services, and Metro Ministries provide financial support. Parent fees, adjusted on a sliding scale based on family income and size, cover part of the cost.

Contact:
Program Office
Extend-A-Care
5555 N. Lamar Blvd., D113
Austin, Texas 78751
Phone: 512/459-9088

Respite Care

Caring for a handicapped or developmentally delayed child is a 24-hour-a-day, 365-day-a-year occupation, often pushing a parent to the limits of physical and emotional strength. Respite care offers relief. It enables a parent to go shopping or to a movie, to devote time to other children in the family or to a spouse, or to take a short vacation. Sometimes just getting away for a day or two can make all the difference.

The Texas Respite Resource Network is a statewide information clearinghouse that was started in 1985 to help families find respite services for their children. Open weekdays from 8 a.m. to 5 p.m., it provides information to parents and professionals about available programs and technical assistance to organizations interested in starting a new program. Its 1988 *Respite Resources Directory* lists 116 services, many of which serve young children.

The network is funded by the Texas Planning Council for Developmental Disabilities and is a program of Project ABC.

Contact:
Texas Respite Resource Network
Santa Rosa Children's Hospital
P. O. Box 7330, Station A
San Antonio, Texas 78285
Phone: 512/228-2794

Respite Care of San Antonio offers three options that enable parents of developmentally delayed children who do not have serious medical involvement to go "off-duty" for awhile, knowing their youngsters are in good care.

"Family Day Out" is held from 10 a.m. to 6 p.m. the fourth Saturday of every month and on some special occasions at the centrally located First Presbyterian Church, where trained staff offer a variety of developmentally appropriate recreational and social activities along with skilled care. There is a nominal registration fee and a sliding-scale hourly fee.

"In-Home Care" provides trained respite workers to care for children in the family home for a period of 4 to 48 hours. Fees are based on a sliding scale.

"Host Families" are people in the community who volunteer to take developmentally delayed children into their homes for a period of two days to two weeks. One adult in each host family must take the program's orientation and training and be certified in Red Cross CPR and First Aid. Families are matched on the basis of needs, interests, and skills.

This is a cooperative community program sponsored by the Texas Respite Resource Network/Project ABC and funded by several community agencies.

Contact:
Respite Care of San Antonio
P.O. Box 14038
San Antonio, Texas 78214
Phone: 512/923-1313

The Respite Station, San Antonio, is one of a kind, offering hospital-based care for developmentally delayed children from birth to 18 who have severe medical problems. Children with seizure disorders or who require oxygen or other medical equipment are cared for in one wing of Santa Rosa Children's Hospital, where pediatric nurses attend the youngsters and physicians are on call. The program is available by appointment Wednesdays through Sundays and overnight on weekends. Fees are based on a sliding scale, with the hospital providing medical supplies and equipment at no additional cost.

A cooperative effort of the Texas Respite Resource Network and Santa Rosa Children's Hospital, this model program is funded by the Texas Rehabilitation Commission on behalf of the Texas Planning Council for Developmental Disabilities.

Contact:
Santa Rosa Children's Hospital
P.O. Box 7330, Station A
San Antonio, Texas 78285
Phone: 512/228-3497

Parent Support Groups

For parents of handicapped, emotionally disturbed, and developmentally delayed children, there is often a need to talk to others whom they feel really understand what they are going through, "someone who's been there." Peer support groups help fill this need.

A number of groups exist, some state or national but primarily local efforts composed of parents who have children with disabilities or chronic illnesses and who want to share their experiences and understanding. Some groups have a paid director to handle scheduling, meetings, and publicity; others rely solely on volunteers. Because of the strong volunteer element, groups tend to remain active only as long as parents have the time, energy, and interest to devote to them.

Pilot Parents and ***Parent to Parent*** are peer-support programs in which parents of children with handicaps provide information and support on a one-to-one basis to parents of newborn or newly diagnosed handicapped infants. The program director "matches" parents according to type of disabling condition and individual family characteristics and trains the volunteer helpers so that they can give up-to-date information and resources as well as deal with emotional problems. Primarily a volunteer effort, these parent support programs have chapters in several Texas cities, as well as in other cities throughout the country.

Contact:
If there is no listing for Pilot Parents or Parent to Parent in the local telephone directory, other resources are the Association for Retarded Citizens, the Early Childhood Intervention Program, pediatricians, and social workers in local hospitals.

Similar Programs

A local effort, *Family to Family Network*, began in January 1989 in Houston. Other groups offer technical assistance and information to help families access public education and agency services for their children. Among these are *Partners Assisting Texans with Handicaps (P.A.T.H.)*, with headquarters in Beaumont, and *Texas Parent-Professional Information Network (T-PPIN)*, a project of the Texas Association for Retarded Citizens, Austin.

Parent Education Programs

Along with a growing need for quality child care in the marketplace has come a recognition of the need for quality care at home. A number of studies attest to the fact that a major amount of children's learning takes place in the first few years of life, and that much of this learning, whatever the child care arrangements may be, takes place around the family.

It is in these first few years that babies learn to walk and talk, to think, and to develop personality characteristics. It is also the time when mild to moderate problems of hearing, vision, and developmental delay, if detected, can be remedied or treatment begun. And it is a time when parents, if given support and information, can become more at ease with their youngsters and be better able to provide a healthy and positive home environment.

Most parents want to do what's best for their children, but many, especially with a firstborn, admittedly don't know how. That lack of knowledge is often compounded by stress. The stress is substantial on a middle-class, two-parent family in which both parents combine full-time employment with raising a child; it is far greater when a parent is single, a teen, and lives in poverty.

To help new parents get their infants off to a better start, parent education programs are being developed to address today's specific needs. Though they differ in method, they are in accord in recognizing parents as the first teachers and primary caregivers of their children. They also recognize the importance of early intervention to assure that infants get off to a good start in life. These programs do not focus on just one aspect of child rearing such as education or health. Rather, they favor a comprehensive approach that offers support, early detection of potential problems, and knowledge of child development that will enable parents to make their own roles easier and more enjoyable as well as provide an optimum environment for the growth and development of their children.

Parent education is receiving attention today nationwide. Some programs have been operating for several years, while others are new initiatives designed for different populations in a variety of settings. Following is a sampling of innovative, cost-effective programs that are being conducted in Texas.

Parents as Teachers (PAT) combines individual guidance with group support for first-time parents from three months before a child's birth until the youngster reaches age 3. Its goal is to give new moms and dads the support, confidence, and knowledge that will enable them to be better parents.

Coordinated by the public school system, PAT makes use of schools as community centers as well as traditional sources of information. A voluntary program, it is open without charge to all parents, whatever their background or economic status, in school districts where it is conducted. The program has several facets:

- Printed information to guide parents in fostering their children's language, thinking, social, and motor development.
- Monthly home visits by trained parent educators who offer information about what to look for and expect as children grow and develop, along with suggestions and support.
- A resource center at a neighborhood school, where families can borrow books and educational games and meet for informal workshops with other parents.
- Periodic screening to detect possible hearing, vision, or learning problems, followed by referral services, if needed.

PAT was developed by the Missouri Department of Elementary and Secondary Education in consultation with Dr. Burton White, Director of the Center for Parent Education in Newton, Massachusetts, and first pilot tested in four schools in Missouri. Based on the program's success at these sites, which was attested to by participating parents as well as validated by outside evaluation, PAT was mandated by the Missouri Legislature to be offered in every school district in that state.

During the 1988-89 school year, PAT was pilot tested in three independent school districts in Texas—Allen, Garland, and Fort Worth—under the coordination of the Mental Health Association in Texas (MHAT), and four other districts began the process of implementing programs. MHAT, an affiliate of the PAT National Center in Missouri, conducts the only authorized training institutes in Texas for administrators and parent educators. The association's long-term goal is to have parenthood education programs available in all school districts in the state.

Contact:
Parents As Teachers
Mental Health Association in Texas
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CEDEN Family Resource Center: The Parent-Child Program, Austin, is a comprehensive bilingual (Spanish-English) program designed to serve high-risk, low-income families. It is primarily a home-based program in which trained parent educators visit parents in their homes once a week, giving them support and guidance in stimulating their youngsters' language, cognitive, and motor development and in healthy nutrition and safety. The basic goals are to help parents prevent and reverse developmental delays and to create a healthy mental and physical home environment for their children.

Other program components include screening and testing children to detect developmental delays, and monthly group meetings at the CEDEN center and sites throughout Austin, where parents can visit with one another, make toys for their youngsters, and learn about different aspects of child care. Each participating family also receives case management, counseling, and social work services that can help them obtain medical, nutritional, and other needed services. Participating families are given a variety of bilingual materials, among them CEDEN's Infant Development Book and packets on health, nutrition, safety, child development, and toy making.

The Parent-Child Program, which began in Austin in 1979, has been replicated in whole or in part in three Texas communities: Harlingen-San Benito, Las Milpas, and Orange. Extensive evaluation has shown that CEDEN is successful in improving children's physical, social, and mental development as well as in helping parents interact more constructively with their youngsters.

Contact:
CEDEN Family Resource Center
Parent-Child Program
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Austin, Texas 78702
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AVANCE Parent-Child Education Program, San Antonio, is a center-based parent support and education program that enables low-income Hispanic women to increase their parenting skills, their own education, and their self-esteem and independence. The nine-month bilingual program includes weekly parent education classes that emphasize child growth and development, toy-making projects that guide parents in helping their children learn through play, monthly home visits, and periodic field trips to increase awareness and knowledge of community resources. GED and English-As-A-Second Language classes also are offered on site. Children's services include child care during class time, prescreening for developmental delays, and weekly physical wellness checks. Program participants get hands-on training by helping in the child care centers, and many eventually are trained to become Avance staff members themselves.

New to the program is a Fatherhood Project, a demonstration program that involves fathers in family-strengthening activities. Other programs include community workshops conducted in city elementary schools and a homebound parenting education program for families referred by the Child Protective Services Division of the Texas Department of Human Services. Founded in 1973, AVANCE now has five centers, four based in San

Antonio housing projects and one in Houston, and serves more than 1,400 families. An extensive program evaluation currently is being conducted under a Carnegie Foundation grant.

Contact:
AVANCE
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Phone: 512/270-4630

Partners for Parenting is a new initiative, started in early 1989 by Texas A&M Extension Service in cooperation with the Children's Trust Fund of Texas. Rather than provide a specific curriculum, the project helps community agencies form networks to coordinate their parent education efforts into comprehensive programs. Its goal is to guide community resources in working together to assess needs, evaluate education materials, select appropriate curricula, implement programs, and evaluate their efforts.

The program will establish a Parent Education Curriculum Library on the Texas A&M campus, accessible through county agents throughout the state, which will maintain an extensive collection of curricula on parenting from before birth through adolescence. It also will provide training at 14 regional sites to train county teams to carry out the coordination efforts in their respective counties. In addition to county agents, team members will include representatives of the Red Cross, hospitals, schools, church groups, and others involved in parent education.

A professional staff member, based in the A&M Extension office, will develop training materials to facilitate community networking. Actual parent training is projected to begin by January 1990.

Contact:
Partners for Parenting
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239 Special Services Building
College Station, Texas 77843-2251
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Similar Programs

A number of businesses include parent education as part of their parent support efforts, with programs that vary from occasional lectures to a structured series of workshops. The *YWCA of El Paso* is one agency that provides parenting workshops for factory employees at the worksite, under contract with the given companies.

The *Vocational Home Economics Education* division of the Texas Education Agency develops parent education curricula for students in the public schools. Major efforts include a model program for school-age parents and a broader initiative scheduled for introduction in the schools in 1990.

Currently under way, the *Child Care Resource Clearinghouse*, in cooperation with the Corporate Child Development Fund, is compiling a computer data base on all Texas parenting programs.

Choosing Quality Child Care

Heed a parent's advice: "Look around, listen, observe. Many places look good on paper, but you have to see them in action to get a real feel for them."

Selecting child care is one of the most important decisions parents make, yet one for which a majority are least prepared. The first step is to decide upon the most suitable type of care in the most convenient location and at an affordable price. The next step—look around, listen, observe. It takes time, and time for working parents of young children is in short supply. But it is time well spent, for it is the only way open to most parents to learn if a center or home offers the quality of care and activities that would provide a positive and happy environment for youngsters.

Most of the planned activities take place during the morning, so that is the best time for an initial visit. Good facilities are happy to have parents and prospective clients visit at any time. If a provider allows visiting only on certain days or at specified times, parents would be wise to have second thoughts about that particular facility.

Following are suggestions for questions to ask in preliminary phone calls to centers and family day homes and, for those that seem promising, what to look and listen for when following up with a visit. Nap and rest periods are convenient times to ask questions of the caregivers and to bring up any special concerns or interests. A competent staff in a quality center should be happy to respond.

For Preschool Children

What to ask

____ Is the facility licensed or registered by the state and is it accredited by the National Association for the Education of Young Children?
____ What hours is care available? What about holidays, weekends, summer?
____ What age children are enrolled?
____ How many children are enrolled in the center or home? In each class or age group?
____ Is there an opening now or a waiting list?
____ What is the cost?
____ Are lunches and snacks provided?
____ Can I visit at any time?
____ What training has the caregiver had in child development and early childhood education?

What to look for

Caregivers—directors, teachers, aides, mothers—set the tone of a day care setting. They spend many hours a day with the children in their care, teaching, guiding, disciplining, encouraging, comforting, working, and playing with them, and once health and safety are assured, they are the most important element to consider in selecting child care.

____ Are they friendly, warm, and responsive to the children?
____ Do they seem energetic, in good health, and able to keep up with the children?
____ Do they listen to the children, talk to them, ask and answer questions, and encourage them to express themselves verbally?
____ Do they accept and respect children of different backgrounds and help children do the same?
____ Do they encourage children to express themselves in creative play and pursue their own interests as well as participate in planned activities?
____ Do they praise children; do they treat them as individuals?
____ Do they have a sense of humor?
____ Do they provide a routine and rules that children can understand and follow?
____ Have they had training in child development and experience working with young children?
____ Is an adult always within sight or calling distance of the children?
____ Do you (the parent) feel comfortable with the caregivers?

Physical facilities where children spend the day playing and learning and growing need not be fancy, but they should provide the safety, space, and opportunity for enjoyment that these experiences require.

____ Is the center neat, clean, and organized?
____ Are space, light, and ventilation adequate?
____ Are the toys and games ample, varied, and easily accessible for the children to use? Is their use encouraged?
____ Are the rooms cheerful, colorful, and appealing to young children?
____ Are areas defined for different types of activities such as painting, block building, homemaking, and looking at books?
____ Is there an outdoor play yard with space and opportunity to stretch and run, jump and climb, be active and noisy?
____ Is the play yard safe, with equipment and play things that are ample, varied, sturdy, and age appropriate?

Programs, though they differ in focus and method, should offer a variety of activities that alternate quiet and active play and that provide educational experiences.

____ Is the daily routine varied and interesting for the age group?
____ Are there stimulating activities to encourage curiosity and learning?
____ Do caregivers read to the children?
____ Is there time for free play as well as organized activities?
____ Do caregivers calmly and reasonably handle children who are disruptive or who don't want to take part in an activity?
____ Are field trips planned to nearby places of interest?

The children, as they go about their activities, can reveal a great deal about a center or home.

____ Do the children seem happy and interested in what they are doing?
____ Do the children seem comfortable with their caregivers and with each other?

Health and nutrition

____ Are the kitchen and bathrooms kept clean?
____ Is the week's menu posted or available? Are snacks and lunches nutritious and appealing?
____ Are there regular nap or rest periods, with a cot or mat for each child?
____ Is there a plan to follow in case of emergencies? Are illnesses and emergencies handled calmly and competently?
____ Are health and development records maintained on each child?
____ Do caregivers wash hands frequently? (Research has found this to be the primary way to minimize the spread of communicable diseases.)

Personal concerns

____ Do the rules and type of discipline seem reasonable and appropriate?
____ Is parent participation encouraged and welcomed?
____ Do you think your child would fit in well?
____ Finally, trust your feelings and intuition. Personal feelings are important in choosing child care.

For Infants and Toddlers

In addition to the care required in any child care setting, infants and toddlers need extra equipment such as high chairs and cribs, special care in food and formula preparation, and time and attention to keep them dry, clean, and comfortable.

____ Do infants spend most of their waking time out of their cribs?
____ Is there ample and safe space to crawl and play?
____ Are infants and toddlers taken outdoors daily, weather permitting?
____ Is there a variety of safe and appropriate play equipment?
____ Are infants and toddlers separated from one another for the safety and benefit of each?
____ Are the diaper-changing areas clean and safe?
____ Do caregivers wash hands frequently, particularly after changing diapers?
____ Do caregivers hold the babies when they give them bottles? Do they hold, talk to, and play with them other than at feeding times?
____ Do caregivers encourage infants to learn by pointing out things to see, listen to, and touch? Do they encourage them to develop skills in feeding themselves, playing, dressing, and toilet training?
____ Do babies seem content, alert, and happy?

For School-Age Children

School-age children need—and should have—more than baby-sitting during the hours they're waiting for a parent to come home. According to the National Association for the Education of Young Children, they should have experiences that contribute to the growth and development of healthy, intelligent, and productive members of society. The following criteria are important to look for when seeking quality care, whatever the type of setting selected.

Staff

- ____ Are the staff members caring, understanding adults who set positive examples and enjoy working with school-age children?
- ____ Do staff members take time to listen to the children, to help them work out problems, to mediate as necessary, and generally to be available in addition to providing adequate supervision and care?

Program

- ____ Do the youngsters participate in planned, age-appropriate activities during part of the afternoon or do they just "hang out?"
- ____ Do they have a chance to let off steam?
- ____ Do activities seem relaxed and fun, with a balance between active and quiet, indoor and outdoor, and group and individual activities?
- ____ Are there occasional special activities such as going on field trips, putting on plays, or working on special craft projects?
- ____ Is time allotted for doing homework? For developing or practicing musical, sports, drama, and art skills?
- ____ Are youngsters encouraged to made decisions, accept responsibility, and develop independence?

Physical environment

- ____ Is the setting pleasant indoors and outdoors, with space for both quiet and active recreational activities and quiet reading or studying?
- ____ Are equipment and materials available to encourage youngsters to take part in sports, pursue hobbies, and generally have a positive learning experience?

Rules and regulations

- ____ Is the environment safe and healthy, with adequate procedures for handling the arrival and departure of children, caring for children who are picked up late, and dealing with emergencies and illnesses?
- ____ Do staff set reasonable and consistent limits?
- ____ Is there adult supervision at all times?
- ____ Are parents encouraged to meet informally with the staff and to participate in the program?

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